

EXHIBIT # J

12:24

THE JAMAICA HOSPITAL
JAMAICA, NEW YORK

EMERGENCY MEDICINE RECORD

9 CLN: 042

009811358

1891 000000000 JAN 0

PATIENT TYPE 0

PATIENT ACCOUNT NO.

S LAST NAME FIRST JENNIFER

SOCIAL SECURITY NO. DATE OF BIRTH AGE

STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NO. PLACE OF BIRTH

5 INWOOD ST JAMAICA NY 11436 0000

RACE RELIGION MARITAL STATUS FATHER'S NAME MOTHER'S MAIDEN NAME, FIRST NAME

F B R S , ,

V.D. NAME OR CLINIC NAME PATIENT COMPLAINT

RAPE

ARRIVAL ACCOMPANIED BY RELATIONSHIP TELEPHONE NO. INJURED AT WORK? AUTO ACCIDENT?

E ACR#

TIME OF ACCIDENT POLICE OFFICER NAME & BADGE NO. PCT. NO. REFERRED FROM:

/94 00:00 3333 106 ☐ PMD ☐ TRUMP ☐ CLINIC ☐ FP ☐ OTHER

KIN LAST NAME RELATIONSHIP TO PATIENT TELEPHONE NO. NEXT OF KIN ADDRESS

SON, ELIZABETH 05

FINANCIAL - INSURANCE

OR'S LAST NAME FIRST STREET ADDRESS CITY STATE ZIP CODE

SON, ELIZABETH

INSOC. SEC. NO. TELEPHONE NO. GUARANTOR'S EMPLOYER ADDRESS TELEPHONE NO.

0-0000 000 000-0000

PATIENT'S EMPLOYER NAME STREET ADDRESS CITY STATE ZIP CODE

SS N/A 00000 0000

ANCE #1: 003 NAME GROUP NO. POLICY NO.

ZF 24519A

ANCE #2: NAME GROUP NO. POLICY NO.

PAST 30 DAYS? IF YES, WHERE AND WHEN? PLACE OF ACCIDENT CRIME VICTIM PCT. NO. CRIME VICTIM COMPLAINT NO.

COMMENTS:

ANCE #3:

ANCE #4:

PHYSICIAN

SIGNS	TIME	B.P.	PULSE	RESP	TEMP

IF ORDERED, CHECK WHEN COMPLETED:

☐ CARDIAC MONITOR ☐ IV ANGIO# ☐ FLUID ☐ OXYGEN GIVEN

INITIALS INITIALS INITIALS INITIALS METHOD INITIALS

S NOTES ☐ ADVANCED DIRECTIVES DISCUSSED HEALTH CARE PROXY ☐ YES ☐ NO AGENT'S NAME:

See page 2

RN SIGNATURE

DATE	TIME	NON-MEDICATION ORDERS (EKG, LABS, CULTURES, ETC.)	MD SIGNATURE	RN SIGNATURE	TIME
		VORL, UA/UGG hep profile	Modugno	Y. Gama	2:45

DATE	TIME	MEDICATION	DOSE	ROUTE	MD SIGNATURE	RN SIGNATURE	TIME
1/6		Locephon	250m	IM	Modugno	Y. Gama	2:35
		T.T.	0.5	IM	Modugno	Y. Gama	2:35
		Orxal	2 tabs	now 2 tabs	Y. Gama	Y. Gama	2:35